

ISSUE SLIP STAPLE AREA (for additional cross-references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	9.6		3/10/00
O.I.P.E. CLASSIFIER	RSD		3/19/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	QCS	501227	4/7/00

INDEX OF CLAIMS

✓	Rejected	N	Non-affected
□	Allowed	I	Interference
-	(Through numeral)	A	Appeal
+	Cancelled	O	Objected
	Restricted		

Claim	Page
Final Original	Original
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

Claim	Final Original	Date
150		
151		
152		
153		
154		
155		
156		
157		
158		
159		
160		
161		
162		
163		
164		
165		
166		
167		
168		
169		
170		
171		
172		
173		
174		
175		
176		
177		
178		
179		
180		
181		
182		
183		
184		
185		
186		
187		
188		
189		
190		
191		
192		
193		
194		
195		
196		
197		
198		
199		
200		
201		
202		
203		
204		
205		
206		
207		
208		
209		
210		
211		
212		
213		
214		
215		
216		
217		
218		
219		
220		
221		
222		
223		
224		
225		
226		
227		
228		
229		
230		
231		
232		
233		
234		
235		
236		
237		
238		
239		
240		
241		
242		
243		
244		
245		
246		
247		
248		
249		
250		

BEST AVAILABLE COPY If more than 150
people additional

If more than 150 claims or 10 actions
use additional sheet here

LEFT (INSIDE)